



TEEN CREATE: STORYSHARE CHALLENGE 2020 SUBMISSION FORM

This completed form MUST accompany your video or audio file submission.

NAME OF INTERVIEWER (PERSON SUBMITTING THIS ENTRY): _____

HOME ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

SCHOOL: _____ AGE: _____

TITLE OF ENTRY: _____

I confirm that I conducted the interview I am submitting to the Storyshare Challenge. Any editing of the original audio/video recording was also completed solely by me. The person I interviewed gave his or her permission to be recorded by me, and understands that the Seminole County Public Library may choose to share any portion of the interview on its social media.

SIGNATURE OF INTERVIEWER (PERSON SUBMITTING THIS ENTRY): _____

DATE: _____

TO BE COMPLETED BY THE PERSON INTERVIEWED

NAME OF PERSON INTERVIEWED: _____

I confirm that I was interviewed for Storyshare by the interviewer named above. I gave my permission for an audio and/or video recording to be made of the interview I provided. I understand that my interviewer may edit the full-length recording so that it meets the 3-5 minute requirement of the Storyshare Challenge. Lastly, I give permission for the Seminole County Public Library to share any portion of my interview on its social media.

INTERVIEWEE'S SIGNATURE: _____ DATE: _____

Once completed, return this form to the Teen Librarian at your local Seminole County Public Library,
OR scan and e-mail this form to: teenstoryshare@gmail.com

THE DEADLINE FOR ALL ENTRIES AND SUBMISSION FORMS IS THURSDAY, NOVEMBER 12TH, 11:59 PM.